

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755559

FILED  
Jul 20, 2006  
Secretary of State

**Entity Name:** JUPITER VILLAGE PHASE V HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8259 N MILITARY TRAIL, SUITE 11  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

8259 N MILITARY TRAIL, SUITE 11  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 59-2199604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JAMASON, BEVERLEY  
8259 N. MILITARY TRAIL 11  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COWAN, ALISON  
Address: 8259 N. MILITARY TRAIL, SUITE 11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TS ( ) Delete  
Name: MCDERMOTT, LINDA  
Address: 8259 N. MILITARY TRAIL, SUITE 11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD ( ) Delete  
Name: ALONSO, KEN  
Address: 8259 N. MILITARY TRAIL, SUITE 11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: LIEBERMAN, STUART  
Address: 8259 N. MILITARY TRAIL, SUITE 11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: PASSANDER, TRACY  
Address: 8259 N. MILITARY TRAIL, SUITE 11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON COWAN

P

07/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date